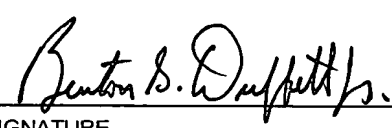
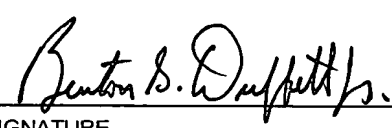
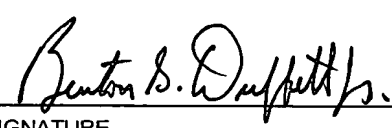


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|---|---|---|
| Substitute for Form PTO-1390 U.S. DEPARTMENT OF COMMERCE PATENT AND TRADEMARK OFFICE TRANSMITTAL LETTER TO THE UNITED STATES DESIGNATED/ELECTED OFFICE (DO/EO/US) CONCERNING A FILING UNDER 35 U.S.C. 371 | | ATTORNEY'S DOCKET NUMBER 003301-249 U.S. APPLICATION NO. (If known, see 37 CFR 1.5) 10/562050 Unassigned |
| INTERNATIONAL APPLICATION NO. PCT/SE2004/000880 | INTERNATIONAL FILING DATE 29 December 2004 | PRIORITY DATE CLAIMED 23 June 2003/18 Nov 2003/4 March 2004 |
| TITLE OF INVENTION A LIQUID CRYSTAL DEVICE AND A METHOD FOR MANUFACTURING THEREOF | | |
| APPLICANT(S) FOR DO/EO/US LACHEZAR KOMITOV, BERTIL HELGEE and JOHAN FELIX | | |
| Applicant herewith submits to the United States Designated/Elected Office (DO/EO/US) the following items and other information: <ol style="list-style-type: none"> <input checked="" type="checkbox"/> This is a FIRST submission to items concerning a filing under 35 U.S.C. 371. <input type="checkbox"/> This is a SECOND or SUBSEQUENT submission of items concerning a filing under 35 U.S.C. 371. <input checked="" type="checkbox"/> This is an express request to begin national examination procedures (35 U.S.C. 371(f)). The submission must include items (5), (6), (9) and (22) indicated below. <input checked="" type="checkbox"/> The US has been elected by the expiration of 19 months from the priority date (Article 31). <input checked="" type="checkbox"/> A copy of the International Application as filed (35 U.S.C. 371(c)(2)) <ol style="list-style-type: none"> <input checked="" type="checkbox"/> is attached hereto (required only if not communicated by the International Bureau). <input checked="" type="checkbox"/> has been communicated by the International Bureau. <input type="checkbox"/> is not required, as the application was filed in the United States Receiving Office (RO/US). <input type="checkbox"/> An English language translation of the International Application as filed (35 U.S.C. 371(c)(2)) <ol style="list-style-type: none"> <input type="checkbox"/> is attached hereto. <input type="checkbox"/> has been previously submitted under 35 U.S.C. 154(d)(4). <input checked="" type="checkbox"/> Amendments to the claims of the International Application under PCT Article 19 (35 U.S.C. 371(c)(3)) <ol style="list-style-type: none"> <input type="checkbox"/> are attached hereto (required only if not communicated by the International Bureau). <input type="checkbox"/> have been communicated by the International Bureau. <input type="checkbox"/> have not been made; however, the time limit for making such amendments has NOT expired. <input checked="" type="checkbox"/> have not been made and will not be made. <input type="checkbox"/> An English language translation of the amendments to the claims under PCT Article 19 (35 U.S.C. 371(c)(3)). <input checked="" type="checkbox"/> An oath or declaration of the inventor(s) (35 U.S.C. 371(c)(4)). <input type="checkbox"/> An English language translation of the annexes of the International Preliminary Examination Report under PCT Article 36 (35 U.S.C. 371(c)(5)). <p>Items 11 to 21 below concern document(s) or information included:</p> <ol style="list-style-type: none"> <input checked="" type="checkbox"/> An Information Disclosure Statement under 37 CFR 1.97 and 1.98. <input checked="" type="checkbox"/> An assignment document for recording. A separate cover sheet in compliance with 37 CFR 3.28 and 3.31 is included. <input checked="" type="checkbox"/> A FIRST preliminary amendment. <input type="checkbox"/> A SECOND or SUBSEQUENT preliminary amendment. <input type="checkbox"/> A substitute specification. <input type="checkbox"/> A change of power of attorney and/or address letter. <input type="checkbox"/> A computer-readable form of the sequence listing in accordance with PCT Rule 13ter.2 and 37 C.F.R. 1.821 - 1.825. <input type="checkbox"/> A second copy of the published international application under 35 U.S.C. 154(d)(4). <input type="checkbox"/> A second copy of the English language translation of the international application under 35 U.S.C. 154(d)(4). <input checked="" type="checkbox"/> Other items or information: <u>A Declaration of Inventorship-Rule 4.17(iv) previously was submitted.</u> <p><u>Certified copies of Swedish Patent Application Nos. 0301810-8, filed 23 June 2003; 0303041-8, filed 18 November 2003; and PCT/SE2004/000300 filed 4 March 2004 previously were submitted during the international phase of the examination. Thus, the claims for priority have been perfected.</u></p> | | |

| U.S. APPLICATION NO. (If known, see 37 CFR 1.5) Unassigned | | INTERNATIONAL APPLICATION NO. PCT/SE2004/000880 | | ATTORNEY'S DOCKET NUMBER 003301-249 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 10/562050 | | | | CALCULATIONS PTO USE ONLY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 21. <input checked="" type="checkbox"/> Applicant(s) requests that the published application include the following assignment information: <u>ECSIBEO PPF2 AB, Goteborg, Sweden</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 22. <input checked="" type="checkbox"/> The following fees are submitted: Basic Filing Fee (1631) \$ 300.00 Surcharge of \$130.00 (1617) for furnishing the oath or declaration later than <input type="checkbox"/> 20 <input type="checkbox"/> 30 months from the earliest claimed priority date (37 CFR 1.492(e)). <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:25%;">CLAIMS</th> <th style="width:15%;">NUMBER FILED</th> <th style="width:15%;">NUMBER EXTRA</th> <th style="width:15%;">RATE</th> <th style="width:15%;">\$</th> </tr> </thead> <tbody> <tr> <td>Total Claims</td> <td style="text-align: center;">20</td> <td style="text-align: center;">-20 =</td> <td style="text-align: center;">0</td> <td style="text-align: center;">X \$50.00 (1615)</td> </tr> <tr> <td>Independent Claims</td> <td style="text-align: center;">3</td> <td style="text-align: center;">-3 =</td> <td style="text-align: center;">0</td> <td style="text-align: center;">X \$200.00 (1614)</td> </tr> <tr> <td colspan="4">MULTIPLE DEPENDENT CLAIM(S) (if applicable)</td> <td style="text-align: center;">+ \$360.00 (1616)</td> </tr> <tr> <td colspan="4">Examination Fee</td> <td style="text-align: center;">+ \$200.00 (1633)</td> </tr> <tr> <td colspan="4">Search Fee</td> <td style="text-align: center;">+ \$500.00 (1632)</td> </tr> <tr> <td colspan="4">App. Size Fee (add \$250.00 for each add'l 50 sheets exceeding 100 sheets)</td> <td></td> </tr> <tr> <td colspan="4" style="text-align: right;">TOTAL OF ABOVE CALCULATIONS</td> <td style="text-align: center;">\$ 1,000.00</td> </tr> <tr> <td colspan="4" style="vertical-align: top;"> <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. The fees indicated above are reduced by 1/2. </td> <td style="text-align: center;">+ \$ 500.00</td> </tr> <tr> <td colspan="4" style="text-align: right;">SUBTOTAL =</td> <td style="text-align: center;">\$ 500.00</td> </tr> <tr> <td colspan="4" style="vertical-align: top;"> Processing fee of \$130.00 (1618) for furnishing the English translation later than <input type="checkbox"/> 20 <input type="checkbox"/> 30 months from the earliest claimed priority date (37 CFR 1.492(f)). </td> <td style="text-align: center;">\$ 0.00</td> </tr> <tr> <td colspan="4" style="text-align: right;">TOTAL NATIONAL FEE =</td> <td style="text-align: center;">\$ 500.00</td> </tr> <tr> <td colspan="4" style="vertical-align: top;"> Fee for recording the enclosed assignment (37 CFR 1.21(h)). The assignment must be accompanied by an appropriate cover sheet (37 CFR 3.28, 3.31). \$40.00 (8021) per property + </td> <td style="text-align: center;">\$ 40.00</td> </tr> <tr> <td colspan="4" style="text-align: right;">TOTAL FEES ENCLOSED =</td> <td style="text-align: center;">\$ 540.00</td> </tr> <tr> <td colspan="4"></td> <td style="text-align: center;">Amount to be refunded :</td> </tr> <tr> <td colspan="4"></td> <td style="text-align: center;">charged :</td> </tr> <tr> <td colspan="6"> a. <input checked="" type="checkbox"/> A check in the amount of <u>\$ 540.00</u> to cover the above fees is enclosed. b. <input type="checkbox"/> Please charge my Deposit Account No. <u>02-4800</u> in the amount of _____ to cover the above fees. A duplicate copy of this sheet is enclosed. c. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. <u>02-4800</u>. A duplicate copy of this sheet is enclosed. d. <input type="checkbox"/> Charge _____ to credit card. Form PTO-2038 is attached. </td> </tr> <tr> <td colspan="6"> NOTE: Where an appropriate time limit under 37 CFR 1.494 or 1.495 has not been met, a petition to revive (37 CFR 1.137(a) or (b)) must be filed and granted to restore the application to pending status. </td> </tr> <tr> <td colspan="6" style="padding-top: 20px;"> SEND ALL CORRESPONDENCE TO: Buchanan Ingersoll PC Including attorneys from Burns, Doane, Swecker & Mathis P.O. Box 1404 Alexandria, Virginia 22313-1404 (703) 836-6620 </td> </tr> <tr> <td colspan="4"></td> <td colspan="2" style="text-align: center;">  SIGNATURE </td> </tr> <tr> <td colspan="4"></td> <td colspan="2" style="text-align: center;"> Benton S. Duffett, Jr. NAME </td> </tr> <tr> <td colspan="4"></td> <td colspan="2" style="text-align: center;"> <u>22,030</u> <u>23, December 2005</u> REGISTRATION NO. DATE </td> </tr> </tbody></table> | | | | | | CLAIMS | NUMBER FILED | NUMBER EXTRA | RATE | \$ | Total Claims | 20 | -20 = | 0 | X \$50.00 (1615) | Independent Claims | 3 | -3 = | 0 | X \$200.00 (1614) | MULTIPLE DEPENDENT CLAIM(S) (if applicable) | | | | + \$360.00 (1616) | Examination Fee | | | | + \$200.00 (1633) | Search Fee | | | | + \$500.00 (1632) | App. Size Fee (add \$250.00 for each add'l 50 sheets exceeding 100 sheets) | | | | | TOTAL OF ABOVE CALCULATIONS | | | | \$ 1,000.00 | <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. The fees indicated above are reduced by 1/2. | | | | + \$ 500.00 | SUBTOTAL = | | | | \$ 500.00 | Processing fee of \$130.00 (1618) for furnishing the English translation later than <input type="checkbox"/> 20 <input type="checkbox"/> 30 months from the earliest claimed priority date (37 CFR 1.492(f)). | | | | \$ 0.00 | TOTAL NATIONAL FEE = | | | | \$ 500.00 | Fee for recording the enclosed assignment (37 CFR 1.21(h)). The assignment must be accompanied by an appropriate cover sheet (37 CFR 3.28, 3.31). \$40.00 (8021) per property + | | | | \$ 40.00 | TOTAL FEES ENCLOSED = | | | | \$ 540.00 | | | | | Amount to be refunded : | | | | | charged : | a. <input checked="" type="checkbox"/> A check in the amount of <u>\$ 540.00</u> to cover the above fees is enclosed. b. <input type="checkbox"/> Please charge my Deposit Account No. <u>02-4800</u> in the amount of _____ to cover the above fees. 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| CLAIMS | NUMBER FILED | NUMBER EXTRA | RATE | | | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total Claims | 20 | -20 = | 0 | | | X \$50.00 (1615) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Independent Claims | 3 | -3 = | 0 | X \$200.00 (1614) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MULTIPLE DEPENDENT CLAIM(S) (if applicable) | | | | + \$360.00 (1616) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Examination Fee | | | | + \$200.00 (1633) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Search Fee | | | | + \$500.00 (1632) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| App. Size Fee (add \$250.00 for each add'l 50 sheets exceeding 100 sheets) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| TOTAL FEES ENCLOSED = | | | | \$ 540.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | Amount to be refunded : | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | charged : | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| SEND ALL CORRESPONDENCE TO: Buchanan Ingersoll PC Including attorneys from Burns, Doane, Swecker & Mathis P.O. Box 1404 Alexandria, Virginia 22313-1404 (703) 836-6620 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | |  SIGNATURE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | Benton S. Duffett, Jr. NAME | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | <u>22,030</u> <u>23, December 2005</u> REGISTRATION NO. DATE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |